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Art. I.—ON HYDROPHOBIA.

BY JAMES MEASE, M. D.

A case of hydrophobia that occurred recently near Holmesburg, Philadelphia county, and related in the North American by Dr. Willson, the attending physician, furnishes materials for a few remarks, which I hope will be found useful. There may probably be another reason for my "coming out" on the present occasion. You know Dr. Franklin long since said, that "nothing gives an author so much pleasure as to see himself quoted," and I presume the remark may be extended to his finding positions and principles which he first broached, supported, and confirmed by the frequent and subsequent experience of mankind. At all events it applies to myself on the present occasion. My own observations on the disease produced by the action of the canine virus on the human system, and the facts detailed in the recent, and a multitude of other cases which I had perused previously to the year 1792, when I wrote my inaugural dissertation on it, and since that date, had, and have satisfied me of the truth of the following positions, which I think may be received as hydrophobic axioms.—That neither the size of the wound, the age of the animal, wolf, dog, cat, or fox inflicting it, the stage of the animal's disease, nor the part of the body bitten, have the smallest influence upon the early or late operation of the poison, upon its virulence, the duration of the disease, or progress to its truly awful termination, which, notwithstanding all the modern and very great discoveries in physiology, and pathology, and a host of new remedies, never fails to take place. I could refer to cases enough in point to fill a page.

The case of Charles Baker, to which I have just alluded, under the care of Dr. Willson, is an instructive one, and is similar to that of the coloured boy Yorke, recorded by Dr. Physick in the 5th volume of the New York Medical Repository. 1. Both were bitten by puppies which they had been teasing; Yorke was wounded in one of his big toes, and Baker in one of his thumbs, and owing to the small size of the wounds made by the sharp pointed teeth of the animals, it is probable that in either case no more virus was inserted than is used of the cow-pock to vaccinate. 2. Both were unconscious of the cause of their affliction. When I questioned Yorke about the bite, he replied, with that quickness peculiar to hydrophobic patients, "oh, it was nothing—a mere scratch near my toe."[1] Baker's "thumb was

[1] Having visited Yorke with Dr. Physick at his request, I inquired minutely into his case, and have given the result in page 292 of the volume of the Repository mentioned above. The case occurred in the year 1801. Sixty-two ounces of blood were taken away by Dr. P. without the least diminution of the violence of the symptoms. I

tied up, the wound (as usual) healed, and he went to his business," and when indisposition appeared, he ascribed it to too much cold lemonade he had taken the day before. 3. From my inquiries respecting Yorke, I learned that after returning from market in the morning, he amused himself by teaching a puppy to fetch and carry for some time in the kitchen, and very probably switched or slapped it for not doing as desired; finally the whelp snapped at Yorke's toe, who then struck him with his hand and drove him out of the house, to which he never returned. Baker "amused himself by pinching the tail of his puppy, to make him show his agility by jumping, snapping, &c." I think, therefore, it may be conceded, that neither of the animals exhibited any indisposition previously to their biting, or the boys probably would not have disturbed them; if they had been sick, they would not have submitted to the irritating treatment they received, without early exhibiting marks of resentment, and using the constitutional mode of revenge to which they were finally driven by the idle conduct of their tormentors. The conclusion is that their saliva was rendered poisonous by reason of the passion excited in them. That persons have died of hydrophobia after receiving a bite from dogs when in a state of temporary irritation, and they remaining in good health after the death of the persons they had bitten, there can be no doubt. Several years since (1819) I had occasion to notice the fact in a paper on the disease,[1] when I recorded a case communicated to me by Dr. Joseph Glover of Charleston, S. C., and referred to two others, one noticed in the Edinburgh Med. and Surg. Journal, for 1817, and one in Dr. Bardsley's Medical Reports, who quotes the fact from the work of Martin Lister. In none of these cases is it mentioned that the dogs had been irritated previously to biting. If Dr. Glover can inform us on this point, in reference to the case he attended, I will thank him.[2]

It does not appear that any attempt was made to relieve Baker, although the unusual duration of the disease (six days) gave ample time for experimenting. Copious bleeding from the arm in the disease ought to be made an indictable offence, after the ample experience we have had of its total inutility, from the time of Boerhaave to that of the boy Yorke. Although a man may have a right to add M. D. to his name, he has no right in the sight of God, to "kill by license," and such is the phrase I should apply to a death by the disease after the experience of one hundred years against a remedy by the use of which a cure was attempted.

4. The case of Yorke proved the theory I first broached and supported in my inaugural dissertation respecting the cause of the horror of swallowing liquids, viz. the pain in the throat, of which the sufferers constantly complain in every attempt, and I explained the reason (p. 35) why in *some cases* solids at the same time were swallowed readily, as was observed in Baker. Fluids, I remarked, could not overcome the spasmodic action excited by liquids in the throat, and a convulsion is the result, while solids by their distending power overcome the stricture and resistance to their progress excited by the spasm, and thus descend into the œsophagus with ease. Dr. Physick adopts this explanation in his account of the boy Yorke, and adds, "in swallowing liquids the glottis must be closed by the action of its muscles, whereas by solids the epiglottis is pushed down mechanically so as to cover the aperture with little, if any muscular action." He proposes tracheotomy to relieve the difficulty of respiration from the spasmodic

recommend the statement of Dr. P. and my own on the case to the inquirer on the disease. I there refer to another case of it (communicated to me by the late Dr. David Ramsay, of Charleston, South Carolina,) from a very small wound which had been forgotten by the sufferer and his family.

[1] Medical Recorder, Philadelphia, vol. 2d.

[2] The puppy from which Baker received his bite inflicted wounds the next day upon a man and a boy who, it is said, "were also fond of the sport of teasing," and then disappeared.

affection of the muscles of the throat; but it must be evident that this would only be a temporary remedy, and such he seems disposed to consider it. To cure the disease, one operating upon the system generally, or on a part which affects sympathetically the whole system of nerves and blood-vessels, must be used, and such I esteem *inflaming the spine with caustic potash* in the manner first adopted by Dr. Hartshorne of Philadelphia, and since by others,[1] with marked success in tetanus, which disease and hydrophobia I firmly believe have their main seat in the spinal chord.[2] Dissections leave no doubt on the subject, and it is to this its origin, and these parts only that medical men should direct their examination in a hydrophobic corpse. They may omit looking at the thoracic and abdominal viscera, for no appearances will there be found indicative of either the cause or the effect of the disease; all of them were perfectly natural in the boy Yorke. I would add cupping and leeching along the spine from the neck, to relieve the engorged vessels of the spine.

As the disease has never been cured, and the possibility of placing it under the control of the medical art is only hoped for by the numerous authors of systems on the practice of physic, and the faculty generally, what objection, I beg leave to ask, can be urged against a trial of the plan here suggested? He who may be so fortunate as to restore a hydrophobic sufferer to health, to absterge this medical opprobrium, would deserve and receive the everlasting thanks of mankind, and deserve and receive honour and profit from every civilized kingdom and republic on earth. Is not stimulus enough here offered to put in for so great a stake? Who will be the competitors for this noble prize?

So much for the cure; now for prevention.—Dr. Haygarth, of Chester, in England, long since, and first recommended the application of a continued stream of water upon the wound, and I have never omitted an opportunity to urge its use, from 1792 to the present time. The canine virus exists in a watery form, and water is its proper and natural solvent. If the wound be very small, it may be enlarged, but care must be taken not to inoculate the sound part below, by the penetration of the poisoned knife through the wound. A wash of chlorine in water, and more lately one of chloride of lime and water, has been advised on the principle of decomposing or chemically destroying the virus; and if at hand, they may be used—but no time, *not five minutes*, should be lost in procuring these remedies after a bite. Water is always at hand, and cannot fail of washing out the virus. As to cutting out the bitten part, or destroying the surface into which the virus has been inserted, by *caustic*, I could give another page of references to cases in which one or other of these remedies has been used, although under the most favourable circumstances, without success; and yet we constantly hear of their use, and never of the stream of water.

Philadelphia, August, 1840.

[1] His mode is "to tie a piece of sponge to a fork, and after dipping it in a solution of the caustic in water, in the proportion of a dram to the ounce, to apply it rapidly along the spine twice, or thrice if the patient can bear it."

[2] For Dr. Hartshorne's paper see the Eclectic Repertory of Philadelphia, 1819; and for cases in which his remedy has been used with delightful success, see Med. Recorder of Philadelphia, vol. 2, and my paper there; also Gregory's practice of physic, *Philadelphia edition*, articles Tetanus and Hydrophobia.

For the American Medical Intelligencer.

Art. II.—CASE OF SEVERE WOUND OF THE ABDOMEN.

BY S. T. NEWMAN, M. D.

Amsterdam, Miss., July 8th, 1840.

Dr R. Dunglison:—

Sir—I send you the following case, which if you deem worthy of a place in your invaluable Journal, you will please insert, and oblige, respectfully yours,

S. T. Newman, M. D.

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On the night of the 25th of February last, I was called in great haste to visit Leven, a black man, residing four or five miles in the country, who I was informed had been engaged in a fight, and had received a stab in the abdomen. On my arrival, I found him lying on his back in a state of great alarm, supposing that his intestines were very much injured. Upon inspecting the wound, which was situated an inch and a half below the navel, and about a half inch to the right of the linea alba, I found it had been made by a stab or thrust almost directly inward. The wound was of small dimensions, corresponding with the instrument which had been used, which was a dirk knife, the blade of which was four inches in length. On examining the knife, it presented signs of blood three inches of its length. Protruded through the wound was a portion of the omentum or epiploon an inch and a half or two inches in length. The protruded omentum closed up completely the wound, and seemed itself to be in a state of strangulation caused by the contraction of the wound. There was no external bleeding, but when in attempting to probe the wound I accidently punctured the omentum, it bled freely for a short time.

I endeavoured to return the omentum into the abdomen by the orifice through which it had passed out, but so firmly was it grasped by the edges of the wound that I found this impossible. Nor could I ascertain whether or not any of the abdominal viscera were wounded. In this situation I hesitated for a moment, whether to enlarge the orifice or to cut away the protruded omentum, but at length decided upon the latter plan, and to prevent bleeding I placed a ligature around the omentum, and clipped it off level with the lips of the wound. Then (leaving the ligature hang out) I drew the edges of the cut together with adhesive strips, and confined the abdominal muscles with a bandage. The symptoms of which the patient now complained were, a dragging feeling about the stomach, and a disposition to syncope. After thus dressing the wound, I gave him an opiate to prevent the action of the bowels, and to secure a state of quietude. I then left him with positive injunctions not to move from the supine position, and to take nothing in his stomach, until I should see him next morning.

When I saw him on the following day, he complained very much of a dragging sensation about the stomach, and great pain in the back. His pulse was not such as to justify the abstraction of blood, being small, weak, and irregular. The soreness about the wound was insignificant. He was now put upon small doses of ipecacuanha so as slightly to nauseate the stomach, and thus exert an influence over the circulation, thereby preventing too great a tendency to inflammation. Nothing but small quantities of fluids was taken into the stomach.

On the 27th he seemed to be doing well, still complained of his back, but the sensation of dragging about the stomach was much less distinctly felt. On examining the wound I found its edges partly adherent. He had had as yet no operation from his bowels, so I ordered him an enema, still keeping him on small doses of ipecacuanha.

On the 28th, every thing seemed to be progressing favourably. He had had one or two stools, which I was sorry I could not see, as I was informed

there was considerable blood passed with them. This, however, I was inclined to think was a mistake. When I next saw him, which was several days after my visit on the 28th, I found that he had taken up an idea in my absence that he was entirely well, and had been walking about paying no attention to the bandages, which had slipped below the wound. There was now a hard lump surrounding the wound of considerable size, but which appeared to be confined to the muscular portion of the abdomen. He was directed to resume his position on his back, and emollient poultices were applied to the swelling, and attention directed to keeping his bowels open. Under this treatment he was soon perfectly well.

S. T. Newman.

BIBLIOGRAPHICAL NOTICES.

Carey's Principles of Political Economy.[1]

We recommend this work—with a copy of which Mr. Carey has favoured us—to the attention of those of our readers who are interested, (and who is there that is not?) in the laws and movement of population. Mr. Carey has entered at some length into these interesting subjects—inquiring into the duration of life, the ratio of marriages to population, fecundity, emigration, &c. in different countries. We have thus far not had sufficient opportunity to inquire closely into the accuracy of Mr. Carey's computations. This we shall do hereafter. So far, however, as a superficial inspection will enable us to speak, they appear to be sound. The following summary will exhibit how favourable his results are to the United States, the mortality of which he is disposed to place at 1 in 50.

"We now submit the following view of the order in which several countries stand, as regards the several matters treated of in the preceding chapters, as well as in that essential requisite for prosperity, security of person and property.[2]

Security.	Duration of Life.	Growth of Population.	Marriages
1. U. States.	1. U. States.	1. U. States.	1. U. States.
2. England.	2. England.	2. England.	2. England.
3. Netherlands.	3. Netherlands.	3. Netherlands.	3. Netherlands.
4. France.	4. France.	4. France.	4. France.
Fecundity.	**Mortality.**	**Emigration.**	**Efficiency of Labour.**
1. U. States.	1. U. States.	1. U. States.	1. U. States.
2. Netherlands.	2. England.	2. England.	2. England.
3. England.	3. Netherlands.	3. Netherlands.	3. Netherlands.
4. France.	4. France.	4. France.	4. France.

Where person and property are most secure, production will be greatest, and the physical and moral condition of man will be highest; there will he be most disposed to contract matrimony, and there will the fecundity of marriages be greatest; there the unmarried adults will be in smallest ratio to the married, and the proportion of illegitimate children will be smallest; and there will the duration of life be longest. Such is the law which com-

[1] Principles of Political Economy. Part the third, of the causes which retard increase in the numbers of mankind. Part the fourth: of the causes which retard improvement in the political condition of man. By H. C. Carey, Author of an Essay on the Rate of Wages. 8vo. pp. 270. Philadelphia, 1840.

[2] See vol ii., chapters ii, iii, and xv.

mon sense would teach, and such is the law that is to be deduced from an examination of the operations of the world.

"We have, it is true, confined ourselves to four nations, but a law that is true in regard to that number, will be found equally so in regard to the rest of the world. If we look to India, we find in Bengal, where security is established and taxation is comparatively light, a rapid increase of population, whereas in southern India, where security is of much more recent date, and taxation is heavy, the increase is very slow.[1] As regards most of the countries in Europe, we do not possess information sufficient for such an examination as would be necessary for the proof or disproof of the proposition we have offered. One writer informs us that Prussia doubles her population in 26 years.[2] Another makes it 39,[3] whereas the last census shows an increase of 34 per cent. in 21 years, according to which it would double in about 48 years. According to one,[4] Austria doubles in 44 years, whereas a second[5] makes it 53.6, while M. Dupin makes it 69 years. According to the Revue Britannique, France doubles in 125 years, whereas, agreeably to M. Dupin, the term is only 105 years. The first allows 84 years for the Netherlands, and the last only 56½, while M. Rau allows 74 years. Russia in Europe is said to double in 48 years, but the following facts will show how little is the dependence to be placed upon any such statements. In the most recent statistics of Russia,[6] we find the following information in regard to the government of Moscow. M. Storch gave it, in 1795, a population of 1,139,000. Wickman, in 1813, 1,246,000. Ziabloffski, in 1814, 935,800. Hassel, in 1829, 1,337,900, and M. Arsenieff, in 1831, 1,200,000. M. Schnitzler, with a view to obtain a correct idea of its actual amount, takes the population of 1796, adds thereto the births since that time, and deducts the deaths, by which process he obtains 1,462,884. He feels himself fully authorized to fix it at 1,300,000 souls.[7] The government of Vladimir, formerly part of that of Moscow, is stated by Wickman, in 1813, at 960,600; by Ziabloffski, in 1814, at 1,105,132; by Balbi, in 1826, at 1,335,000; by Hassel, in 1829, at 1,334,500; and by Arsenieff, in 1831, at 991,000. Pursuing the same course as in relation to the government of Moscow, M. Schnitzler deems himself authorized to fix it, *provisoirement*, at 1,100,000.[8] If such be the state of information in regard to the heart of the empire, what must it be in the remote districts? Even in England it is a matter of question whether the deaths are 1 in 47.2; 1 in 50; 1 in 54; 1 in 58; or 1 in 59. Such being the case, it must be obvious to the reader that we do not possess facts sufficient to warrant a belief of the existence of any other law than the plain and simple one that we have stated.

The case of the republic of Guanaxuato is frequently adduced as evidence of a different state of things. It is asserted that the deaths are 1 in 19.70, the births 1 in 16.08, and the marriages 1 in 69.76. In reference to this, we have only to say, that we do not know the fact, and that it will be time enough to reason in relation to it when it shall have been established. While Prussia and France, England and the Netherlands, are in dispute, it is highly improbable that we shall obtain returns worthy of confidence from Guanaxuato, Mexico, Peru, or Chili. In the meantime, we may rest assured that, with security and cheap government, population will grow, and that the growth of the one will be in the ratio of the enjoyment of the other. The growth of population may therefore be taken nearly as a measure of the productiveness of labour. Ireland, however, is usually regarded as proving the reverse of this proposition. In that country, the increase is now at the rate of 14½ per cent. in 10 years, at which rate it would double in about

[1] Westminster Review, No. xlv., p. 118. [2] Dupin.
[3] Revue Britannique, quoted by M. Villeneuve. [4] Ibid. [5] Professor Rau.
[6] La Russie, la Pologne, et la Finlande. Tableau Statistique, Geographique et Historique. Par M. J. H. Schnitzler, Paris, 1835.
[7] Page 39. [8] Page 103.

50 years. It has been asserted[1] that the census of 1831 is incorrect, and that much of the apparent increase is due to the fact, that places are inserted in that for 1831, which were omitted in 1821. As there was no census previous to that of 1821 that could be relied upon, it is not possible to decide whether or not this assertion is correct. On a former occasion,[2] we gave a number of facts tending to prove that the average condition of the people of that country was superior to that of a large portion of those of the continent, and such, we are satisfied, is the case. There is, no doubt, much poverty in many portions of it, but there are also many portions of it in which great comfort is enjoyed.

"In the 30 years from 1801 to 1830, the population of Scotland increased from 1,599,000 to 2,365,000, at which rate it would likewise double in 50 years. The growth of improvement in parts of Scotland has been very rapid, but in other parts it has been exceedingly slow,[3] and, as a necessary consequence, we find a rapid increase of population in the former, whereas it has been exceedingly slow in the latter.

"No country in Europe has improved more rapidly than Norway in the last 20 years; and, accordingly, we find a rapid increase of population.[4] In 1825, it amounted to 967,959; in 1835, it had risen to 1,098,291,[5] being an increase of about 13½ per cent., at which rate it would double in less than 61 years.

"If increase of population be taken as a measure of production, and of the power of improving moral and physical condition, the following will be found to be the order of some of the most important portions of the world—

1. The United States.
2. England.
3. Prussia.
4. Scotland.
5. Ireland.
6. The Netherlands.
7. Norway.
8. France.

And at the foot of the list will be found Hindostan."

Rauch's Psychology.[6]

This book—for which we are indebted to its learned author—like the last, is not directly connected with medical science; yet it ought to be

[1] Mr. Slaney, House of Commons, May, 1833, quoted by Wade. Middle and Working Classes, p. 552.

[2] See vol. ii., chap. xiv.

[3] Laing's Norway, p. 35.

[4] Ibid. p. 395.

[5] "The increase of population in Norway, connected, as it evidently is, with a proportional increase of property, by improved husbandry, and a value being given to its products by new employments, is a striking proof that population and property, if the latter be distributed through the social body on the natural principle, will mutually act upon and check each other. The increase of numbers, previously to the establishment of an independent legislature, was extremely slow, because the increase of their property was slow; it is now much more rapid, because the state of property admits of it."—*Laing's Norway*, p. 398. The establishment of a popular government enabled the people to control expenditure; taxes have been reduced, while the national debt has been paid off. Capital increases, and with it there is an increase of production. These products are distributed throughout the community on the natural principle, which gives to the labourer a constantly increasing *proportion* as the *quantity* is increased; his situation is constantly improving, and he has comparatively little hesitation about aiding in the increase of population.

[6] Psychology; or a view of the Human Soul: including anthropology, being the substance of a course of lectures, delivered to the junior class, Marshall College, Penn By Frederick A. Rauch. 8vo. pp. 388. New York, 1840.

interesting to a body, the members of which have often been said to make the best metaphysicians.

Mr. Rauch's first two chapters consider the difference between man and animals, and life in certain of its manifestations; and the *first part* of his work is headed "anthropology,"—under which he considers the influence of nature upon man; the natural modifications of mind, produced by age, waking, sleeping and dreaming, and the power of the mind over the body—the *second part* being devoted to psychology proper.

We cannot—did our space permit—enter into an analysis of a work of this nature; but we may express our opinion, that it is a production indicating deep reflection, and one, which we recommend to the perusal of the younger part of our readers more especially. Most of the errors in medical practice are owing to an ignorance of the due relations between cause and effect. These errors, works—like the one before us—are calculated to dispel by stimulating to useful thought, which, as has often been said, is infinitely more difficult than to prescribe without reflection.

MISCELLANEOUS NOTICES.

University of Virginia, Medical Department.—The published catalogue of the matriculates during the last session exhibits a class of 49 students; a satisfactory number, considering the delay that took place at the commencement of the session in filling up the chair of medicine.

Yale College, Medical Institution.—The annual circular for the lecture term of 1840–1 contains the names of 15 graduates of the year 1839–40, and of three licentiates. The whole number of graduates since the first course of lectures in 1813–14 is 454; that of licentiates, 296.

Quarterly report of the obstetric practice of the Philadelphia Dispensary for Fourth, Fifth, and Sixth months, 1840. By Joseph Warrington, M. D., Accoucheur.—Twenty-six women have been delivered at full time, and one other attended on account of abortion at the fourth month of gestation.

Of the children born at full time, sixteen were girls, and ten boys.

The average duration of labour in twenty-two cases was nine hours—the extremes being one and fifty hours.

The average time required for the spontaneous delivery of the placenta in twenty-four cases, was about twenty-six minutes—the extremes being five and one hundred and ninety-five minutes.

In twenty cases of labour in which the presentations of the fœtus were carefully noted, eleven were in the first, seven in the second, one in the fourth position of the vertex, and one in the second position of the breech.

Abortion was brought on in the case referred to by external violence.

All the women have recovered without accident excepting one case, in which prolapsus uteri was brought on by rising and making exertion on the second day after delivery.

Of the children, three were still-born—one apparently in consequence of excessive hæmorrhage through the placenta situated at the os uteri—another appeared to have died in utero some weeks before delivery—and one died asphyxied, after the use of ergot to terminate a labour which had continued fifty hours.

The rest of the children have done well.

The forceps were successfully used to deliver in one case in which labour had continued forty hours—the child's head being strongly arrested in the pelvis in the fourth position.

Temperature of the human body in intermittent fevers. By M. Gavarret.[1]—M. Gavarret has made numerous observations on the temperature of the human body during the different stages of intermittent fevers, as well as during health, and from these it appears, that even during the stage of rigor the heat of the body is exalted from two to three degrees above its usual temperature. In the hot stage he has found the temperature still more elevated, but never more than one degree above that attending the stage of rigor; whilst in the sweating stage, though the temperature was above that of health, it was much below that of the two preceding stages.

Congenital cyanosis caused by the aorta originating from both ventricles of the heart. By Dr. C. F. Gravina.[2]—A boy, 9 years of age, pretty stout and well formed, was from his birth of a leaden colour, with his lips and nails blue, and suffered from a violent and continual palpitation of the heart, and short rapid respirations. On the least exertion these symptoms were much aggravated; to such an extent, indeed, as to force him to lie down, and not move in the least till the palpitations became calmed; at the same time the whole body became of a bluish colour, and was covered with sweat. When sitting or lying the child felt well, and could use slight exertion. On percussion the chest sounded every where clear. The respiratory murmur was heard distinctly by means of the stethoscope over all the chest; but in the precordial region two other sounds besides those of the heart were recognised. One of these abnormal sounds resembled the purring of a cat, and was heard during the systole of the heart; the other, which appeared to accompany the contraction of the auricles, was so clear and sonorous, that it was heard over the whole of the right side of the chest: on the left side, however, it was scarcely heard. When the boy was in a state of repose, his pulse beat from 78 to 84 in the minute; but on the least exertion rose to 100 or 105. The external veins presented neither turgescence nor pulsation. The abdomen was somewhat swelled, but soft; the liver appeared to be enlarged; but the functions of the intestines and urinary apparatus were normal. The boy died suddenly, in consequence of an attack of convulsions and dyspnœa.

On dissection of the body the following appearances were observed. The lungs were of a violet colour, regular in their form, and crepitated on pressure. The heart was of the usual size; the right ventricle was nearly twice as large as the left, but its walls were of their ordinary thickness; the left ventricle was smaller than common; the auriculo-ventricular openings in both ventricles presented their usual appearance; the foramen ovale was closed. The fleshy septum common to the two ventricles did not reach quite to the base of the heart, but was deficient at that point close to which the aorta originates, leaving a circular communication between the two ventricles. This opening was largest on that side which communicated with the right ventricle; but was somewhat contracted on that of the left. The aortic orifice was much dilated, as were also the semilunar valves, which appeared proportioned to the increased dimensions of the aortic orifice. The pulmonary artery was very much contracted, but its walls were unaltered. The liver was very large and hypertrophied. The spleen was normal.

[1] L'Expérience, No. cvi. 1839, and Edin. Med. and Surg. Jour., April, 1840, p. 519.

[2] Schmidt's Jahrbucher, July 1839, and Edin. Med. and Surg. Journal, April, 1840, p. 522.

Disease of the posterior columns of the spinal cord, sensation remaining unimpaired.[1]—Mr. Edward Stanley brought before the Royal Medical and Chirurgical Society of London, a well marked case of disease, strictly limited to the posterior columns of the spinal cord, yet producing phenomena at variance with the doctrine of the distinct influences of the anterior and posterior columns of the cord on the faculties of motion and sensation.

The disease, which was not the result of injury, commenced about three years before the patient's admission into St. Bartholomew's Hospital, with impaired motion of the lower extremities, at first slight, but progressively increasing, so that at the time of his admission he could only succeed by a great effort in raising his legs from the ground whilst sitting on a chair. Before death, the loss of motion became complete in each lower limb, throughout its whole extent. In no part, however, was there any defect of sensation, scratching, pricking, or pinching the skin, being attended by sensation as acute as in a sound limb.

On dissection, no signs of disease presented themselves excepting in the spinal chord. Here, contrary to the anticipations of many persons by whom this case was observed, no disease whatever was found in the anterior columns of the chord. An extensive change of structure and colour was, on the contrary, manifested in the posterior columns, from the pons to the lower end of the chord. "The value of this case, says the author, consists in the distinctness of its phenomena being acknowledged by many competent observers to have been such as they are recorded."

Dr. Budd related a case where similar phenomena were observed. A patient who had caries of the spine, lost the power of motion in the inferior extremities, the power of sensation remaining entire. On dissection ,the anterior columns of the spinal chord were found apparently sound, whilst the posterior, at the seat of the disease, were softened and nearly fluid.

New and successful treatment for the prevention of hydrophobia. By Dr. Miroff, of St. Petersburg.[2]—Dr. Miroff strongly recommends the following treatment to be followed by those who have been bitten by rabid animals, asserting that it has been so successful in his hands that in not a single person who had been subjected to the treatment was hydrophobia developed. His paper on the subject contains the narration of many cases of persons who had been bitten by rabid dogs and wolves, and though many of them had been closely observed for more than a year, no bad results had followed the bite. His treatment is continued for the space of two months. As soon after the bite as possible, the person is put into a vapour bath of 50° Cent. and given to drink a strong decoction of sarsaparilla and guaiac, whilst the wound is rubbed with the ointment of the red precipitate of mercury. Two pints of this strong decoction is ordered to be drunk daily, and the sore is dressed till it heals with the above ointment. The patient has a bath every other day during the first week, every third day during the second and third week, and then only twice a week till the two months are past.

On the treatment of phthisis by hydrocyanic acid. By M. Forget.[3]—Professor Fantonetti, of Pavia, a short while ago, published a paper on the curative effects of hydrocyanic acid in chronic inflammation of the lungs, but more especially in phthisis. He related a number of cases where not only were the lungs tubercular, but large caverns were detected, accompanied by hectic fever and marasmus, and yet these cases recovered perfectly in the space

[1] London Med. Gazette, February 7, 1840, and Edin. Med. and Surgical Journal, April, 1840, p. 524.

[2] L'Ami de la Santé, and Edin. Med. and Surg. Jour., April, 1840, p. 525.

[3] L'Experience, 14th November, 1839, and Edin. Med. and Surgical Journal, April, 1840, p. 526.

of from fifteen days to three months; a result he attributed entirely to the administration of the hydrocyanic acid. The acid which he used was prepared according to the process recommended by Magendie, and was administered in doses of two drops, progressively increased to fifteen.

M. Forget, who doubted the accuracy of the results obtained by Professor Fantonetti, repeated the experiments in eight undoubted cases of phthisis, but was forced to arrive at a very different conclusion. In three of the cases death took place with as much rapidity as if the disease had been left to its natural course. In the five others, no amelioration was noted in the progress of the symptoms, with the exception of a slight alleviation of the cough in two cases; but in these cases vomiting was induced. Many of the patients also complained of wakefulness.

M. Forget repeated the same experiments on eight other patients, with the same want of success.

On penetrating wounds of the heart. By J. A. Jobert.[1]—Three interesting cases of penetrating wounds of the heart are related, where the persons lived after the receipt of the injury from twelve hours to no less than ten days. In all the cases the wound of the heart was indicated by a peculiar whizzing sound, precisely similar to that which exists in varicose aneurism; and from its presence being recognized in all these three cases, M. Jobert thinks it might be regarded as a diagnostic mark of the presence of a penetrating wound of the heart. He relates several cases which have been published by other authors, where persons had lived for years after this organ had been wounded, opportunities having in many of these cases occurred of confirming the diagnosis by examination after death. He regards, therefore, a wound of the heart as not necessarily fatal, and gives numerous directions of the mode in which the treatment may be best conducted. Of these, bleeding, both general and local, the local application of cold, and the administration of such remedies as tend to reduce the force of the circulation, and abate the tendency to hemorrhage, are the chief.

Sciatic neuralgia cured by section of the sciatic nerve. By M. Malagodi.[2]—A young man, about 30 years of age, suffered for many years from violent sciatica, which every remedy failed to relieve. The pains became every day more and more severe, so that he at last insisted on amputation of the thigh being performed, in order to afford him relief. A more simple operation, however, fortunately succeeded. An incision of about two inches in extent was made over the course of the sciatic nerve, about four finger breadths above the popliteal space; the nerve was then carefully exposed and cut across. The section caused excessive pain, and the patient fainted. When he recovered, he complained of a painful creeping feeling over the whole limb. A portion of the nerve of about an inch long was then cut away, but the doing so caused no pain. The inflammatory and other symptoms which followed required the employment of general and local bleeding, the strict antiphlogistic regimen, antispasmodics, &c. The patient was able to walk by the fiftieth day after the operation, but complete cicatrization of the wound did not occur till the end of the fifth month.

Before having recourse to this operation, M. Malagodi made a number of experiments on dogs, of which the following are the results.

1. That section of the sciatic nerve at the upper portion of the inferior third of the thigh causes paralysis and consecutive atrophy of the muscles, but is not followed by gangrene.

[1] Archives Generales, Sept. 1839; and Edin. Med. and Surg. Journal, April, 1840, p. 528.

[2] L'Expérience, 21st November, 1839; and Edin. Med. and Surgical Journal, April, 1840, p. 531.

2. That this paralysis extends from the middle of the leg to the points of the toes.

3. That the leg is still useful as a support to the body, and for the ordinary purposes of locomotion, seeing that the muscles which move it are not paralyzed, and that the knee joint remains sound.

Mortality from phthisis at Naples.[1]—In a late number of the Filiatre Sebizio, M. de Renzi controverts the conclusions concerning the mortality by phthisis at Naples, to be found in a paper presented by M. Journé to the Academy of Medicine at Paris. The sum total of phthisical patients received into the hospital of incurables during the years 1835–36 and 37, is reduced by M. de Renzi from 2969 to 2775; and he shows that of this number only 1846 belonged to Naples and its suburbs, the rest consisting of strangers who come to die there. This gives an average of 615 instead of 989, which was M. Journé's supposition—a considerable difference, particularly if the probabilities of medicine are to be based on figures. Then subtracting the catarrhal affections, or those which resemble phthisis, M. de Renzi fixes the number of phthisical patients at 600, which, in a population of 400,000, gives one in 666. We must add, however, 200 patients belonging to the middle and upper classes, which will make 800; and of these 560 die, or 70 per cent. But, as the ordinary mortality is 13,000, the proportion of deaths from phthisis is about 1 in 23.

The mean mortality at the hospital of incurables is 1800, and the number of deaths among the phthisical patients belonging to the town is 430; so that these deaths form a quarter of the total mortality in the institution. But, if we consider, first, that at Paris, more than a third of all patients are treated in the hospitals, and hardly a fifth at Naples; secondly, that at Paris, the number of consumptive patients received is equal to those suffering under other diseases, while at Naples the latter are much fewer in proportion, it will be allowed that a comparison is difficult. This being settled, if in the hospitals of Paris, as Bayle has demonstrated, and M. Journé laid down, one-third of the patients die of phthisis, and this number is more than a third of all the deaths in the whole town; if, on the other hand, in the hospitals at Naples, less than a quarter of the patients die by phthisis, and if, even adding the patients who do not belong to the town, we do not reach a third, as at Paris; if the phthisical patients in the hospital include nearly all in the town, whilst the deaths in the hospital are but a sixth of the general mortality, it necessarily follows that the patients who die of phthisis are in proportion to those who die of other diseases, as 1 to 4 at Paris, and 1 to 12 at Naples. Hence the climate of Naples, far from favouring the developement of the disease, makes it rarer than it would naturally be in a town of small size relatively to its population, who are in consequence crowded. If we consider, moreover, that scrofulous affections are very common there, we must necessarily conclude, that the number of consumptive patients does not exceed the natural proportion to those afflicted with scrofula.

As to the important question whether a phthisical patient from a cold or northern climate may experience benefit in a more temperate one, M. de Renzi answers it in the affirmative, and says he knows it from his own experience. But if the disease has already made great progress, if the disorganization of the lungs is much advanced, and the tubercles have begun to soften, a southern climate is of no avail. In such cases the poor patient travels but to perish on a foreign shore, far from his relatives and friends.

[1] Gazette Medicale, December 20, 1839; and Edin. Med. and Surgical Journal, April, 1840, p. 535.

On the injurious qualities of menstrual blood, and on its probable causes. By Dr. Remak, of Berlin.[1]—This paper is chiefly useful for the information it affords respecting the composition of a fluid which few have either the inclination or the liberty to examine. The author adduces but little fresh evidence in support of the universal popular belief that menstrual blood can produce urethral discharge or other affections of the male genital organs; but he thinks that the occasional occurrence of these symptoms, of which he has no doubt, depends on the condition, not of the blood, but of the mucus with which it is mixed.

By microscopical examination of the menstrual fluid under various circumstances, he found that whenever it had a red colour, it contained blood globules, and that the intensity of its colour depended on their number. At the beginning and towards the end of its flowing, when it is pale and whitish, it contains a preponderating quantity of laminæ of epithelium and of mucus corpuscles, but their quantity becomes proportionally less and less as the fluid presents more blood globules and a deeper colour. The author believes that this mucus which is constantly present in the menstrual fluid, may, like the secretions of all mucous membranes when in a morbid state, possess the power of producing a similar morbid state in other membranes of the same kind. He relates a case which confirms this idea: a very obstinate gonorrhœa, in which the menstrual fluid of the only female with whom the patient had connection, and in whom there was not the least probability of gonorrhœa existing, contained an abundance of thin pearl-coloured mucus. Connection did not produce the gonorrhœal symptoms except when the female was menstruating.

On the various circumstances which appear, in the course of diseases, to produce the curved form of the nails. By M. Vernois.[2]—This paper is sufficient to determine the value, or rather the want of value, of curved finger nails as a sign of disease. The results, obtained from the examination by the numerical method of 276 cases of various diseases, are as follows:

In any collection of patients, whatever be their diseases, curved nails will be found in at least one third. Among different diseases, phthisis, scrofula, and other chronic affections, have a very marked, though not an absolute or constant influence. Of 88 patients with curved nails, 70 were phthisical or scrofulous; and of 188 with normally formed nails, 40 were suffering from the same conditions. Of the same 88, nine only laboured under acute diseases. Females present this alteration about three times more frequently than males. It is most commonly observed between the ages of ten and thirty. Occupation has no influence upon it. The constitution which coincides with it in five sixths of the cases in which it occurs is that which is marked by a pale, fine, and anæmic skin, blond hair, blue or brown eyes, bluish sclerotica, very long eyelashes, and weak muscles.

Remarkable case of Ischuria renalis, of nine years' standing, with vicarious vomiting of urine. By F. L. Kreysig, M. D., Dresden.[3]—S. B., æt. twenty-five, six years after the commencement of menstruation, began to complain of abdominal pain, general spasm, and difficulty in voiding urine and fæces, succeeded by orthopnœa, and symptoms of thoracic and abdominal inflammation, which were treated antiphlogistically. The bladder required the frequent use of the catheter. The patient suffered pain in the right knee, and was obliged to keep it drawn upwards towards the abdomen.

[1] Medicinische Zeitung, Dec. 25, 1839; and Br. and For. Medical Review, April, 1840, p. 545.

[2] Archives Générales de Médecine, Nov. 1839; and Br. and For. Medical Review, April, 1840, p. 548.

[3] Hufeland's Journal, July, 1839; and Br. and For. Med. Rev., April, 1840, p. 551.

Two years after, the legs began to swell, respiration became still more difficult, the urinary secretion *ceased*, and the patient vomited a fluid containing, according to chemical analysis, the principles of urine.

M. Kreysig now detected, in the right iliac region and near the spine, a tumour extending towards the liver, exquisitely painful to the slightest touch, and which the patient had noticed for four years. The bowels were invariably costive; and twice a day (5 A. M. and 6 P. M.) urinous vomitings occurred, preceded by dyspnœa, so urgent as twice to require v. s. No urine was found in the bladder. Tepid baths, and mercurial and stimulating liniments to the region of the kidney, were recommended. During the time the patient was in the baths, the skin exhaled a very fetid odour. The tumour gradually enlarged, and grew softer.

The patient now returned home, and four months after (January 24, 1835,) informed M. Kreysig that the tumour had daily increased, become harder and more painful, and pointed in the epigastric region. Fluctuation was now evident, and in three weeks the abscess broke, during a violent spasm, discharging a large quantity of pus, which was soon after succeeded by an increase of suffering. In about six weeks, the urinous vomitings ceased, and urine was voided by the bladder. Shortly afterwards, the pain being then more than usually intense, with an urgent desire to evacuate the bowels, the patient expelled, per anum, a mass about as large as a goose's egg, resembling fat mixed with pus, and intolerably fetid. From this period, all abdominal swelling and pain ceased, and menstruation returned. In about three quarters of a year, the health was entirely restored, not one of the former symptoms remaining.

On the treatment of dysentery with albumen. By M. Saucerotte, Physician to the hospital at Lunéville.[1]—The dysentery which annually attacks a considerable number of men of our garrison, affected only thirteen in the months of October and November, 1838, and ten in those of August and September, 1839. I employed in some of these cases the albuminous method of treatment recommended by MM. Bodin de la Pichonnerie and Mondière. Comparatively with those by the ordinary method (by antiphlogistics and opiates,) the results obtained by it were really of the most striking kind. My own experience and that acquired by others in the hospital shows that when the disease is at all severe, it generally lasts two or three weeks, sometimes becomes chronic, or terminates in death: besides this the reiterated application of leeches causes severe pain, the administration of enemata is continually attended with much difficulty, the convalescence is prolonged, and attended with extreme weakness when the disease is not stopped during the first week. Judging from the cases I have observed, the albuminous treatment is attended with precisely contrary effects—rapid cessation of the symptoms, quick convalescence, and recovery of strength, while the administration is attended neither with pain nor any sort of inconvenience.

[The albumen was exhibited both as a ptisan and in enemata, according to the formula of M. Mondière, and eight cases are related (some, however, with ludicrous brevity) in support of the above emphatic encomiums. In some of the cases there was undoubted inflammation of the large intestine; in all frequent bloody stools, tenesmus, &c.]

On the treatment of synovial tumours by subcutaneous incision. By M. Barthelemy.[2]—This mode of treatment was suggested by the very slight local or general disturbance which has been found to succeed the sections

[1] Gaz. Médicale de Paris, No. xlvii., November, 1839; and Br. and For. Med. Rev., April, 1840, p. 552.

[2] Gazette Médicale, Dec. 7, 1839; and Br. and For. Med. Rev., April, 1840, p. 554.

of muscles even of considerable extent, when the skin over them is not divided. The operation consists in raising a fold of the skin near the tumour, and passing a long thin lancet-shaped knife under it to the left side of the swelling, which is then by a sweep of the instrument split into two portions. The instrument is then withdrawn by the same narrow aperture at which it entered, and care is taken that no air should pass along the track of the wound. The fluid which the cyst contains diffuses itself into the surrounding tissue and soon disappears, leaving, it is presumed, no chance of the relapses which are common after every other mode of treatment.

The operation has been performed with success, and with no subsequent ill effect, by MM. Barthelemy, Marechal, and Malgaigne.

Cure of an old dislocation of the humerus by division of the pectoralis major, latissimus dorsi, teres major, and teres minor muscles. By Professor Dieffenbach.[1]—Herr Th. a large landowner, upwards of thirty years old, had his right shoulder dislocated two years ago by a fall from his horse; the nature of the accident was not at first recognised, and afterwards, though all the usual means were adopted by several surgeons, the bone could not be returned to its place. The patient, therefore, came to Berlin; he was of a gaunt, powerful form, with a pale complexion and but little fat, and his muscles were strong and prominent under the skin. The injured right shoulder was an inch higher than the left; the acromion formed a sharp angle; on the outer side the shoulder was deeply hollowed, and the scapula lay flat. The right arm was thinner than the left, and stood out far from the body. The head of the humerus lay on the anterior side of the chest, close to the clavicle, and two inches from the upper portion of the sternum. The patient had a constant sensation of cold in the limb, and the creeping which he had formerly felt had ceased. The pulse in the right radial artery was rather weaker than that in the left. The limb was useless, and only the hand could perform some slight actions.

By moving the arm in different directions, severe pain was produced in the part where the head lay surrounded by a thick wall of dense ligament into which it had worked itself. In drawing the arm outwards from the body, the pectoralis major, latissimus dorsi, teres major, and teres minor became tense with extreme pain. The last three of these muscles felt hard and tense, even when the arm was not drawn outwards. An attempt to reduce such a dislocation without dividing these muscles and the new joint would have been extremely dangerous, and had been found impossible; but (says the professor) I anticipated success from the subcutaneous division of every thing that resisted me.

The patient being placed on the table, with one folded sheet passed under the right axilla, and held by six assistants, another fastened round the right hand and held by six more, and a third round the upper part of the humerus held by three more (in the manner usually adopted by me in old luxations), the two first sets of assistants were ordered to pull against each other. I next bade them make a slowly increased extension, and then stop; I then passed a small scythe-shaped knife through the skin, and divided the most tense portion of the pectoralis major close to its tendon, which yielded with a cracking sound. I then again introduced the knife at the posterior border of the axilla, and divided one after the other the latissimus dorsi, the teres major, and the teres minor. All these muscles gave way with a cracking noise, which was increased by the resonance of the chest. I next passed my knife into three places by the head of the humerus, and divided in a similar manner under the skin the dense and hard false ligaments which surrounded the new joint, and, lessening the extension, I loosened the head by a few rotations.

[1] Medicinische Zeitung, Dec. 18, 1839; and Br. and For. Med. Rev., April, 1840, p. 555.

A powerful extension was now again commenced on both sides, and the three assistants behind the patient pulled suddenly while I conducted the humerus towards the joint, into which it slipped on a sudden, without again springing out. One shoulder looked now just like the other. The thorax, the shoulder, and the arm were enveloped with bandages which were soaked with paste, and after a few hours they all became dry and hard, and prevented any motion of the right side.

The bleeding from the wounds, which were not larger than those made in phlebotomy, was at most a few drops. No unpleasant symptoms ensued, and the patient suffered even less than the majority of persons in whom I have reduced old dislocations. On the ninth day I took off the bandage; both shoulders had exactly the same level and form, and there was neither swelling nor pain. The punctures in the axilla had completely healed, and scarcely a trace of them could be found; there was no collection of blood or pus. The arm was already capable of motion, and its actions were far less hindered than they are sometimes after the reduction of recent dislocations; because in them there is often for a long time a sensitive contraction of the unnaturally stretched muscles, while in this case the division of the resisting muscles and of the newly-formed joint not only rendered the reduction possible, but at the same time diminished its after consequences. The limb is now again restored to perfect utility.

The professor adds, that he had lately occasion to reduce a luxation of the foot backwards of upwards of a year's standing, by dividing the tendo achillis, which forcibly drew the heel upwards. This limb also became useful again.

Observations on diffuse inflammation. By Henry Kennedy, M. B.[1]— This is an elaborate essay on a very important subject. We regret that we have only room for the conclusions which Dr. Kennedy considers as warranted by the investigation entered upon by him. They are as follow:—

1. That diffuse inflammation will not attack a person in perfect health.
2. That the bad state of health preceding diffuse inflammation is powerfully caused by anxiety of mind, by great bodily fatigue, by shocks of the nervous system, by improper diet, or by any thing which has a tendency to lower the general healthy tone of the system.
3. That this deranged state of the health is shown principally in a vitiated state of the bowels.
4. That when once this unhealthy condition is established, the slightest cause is capable of inducing diffuse inflammation.
5. That venous inflammation does not necessarily cause diffuse inflammation.
6. That venesection may cause diffuse inflammation, the vein, however, remaining healthy.
7. That when venous inflammation does exist, the fever which accompanies it is more likely to be of the typhoid type than when diffuse inflammation exists alone.
8. That diffuse inflammation may attack several parts of the body in rapid succession, or it may be confined to one part, as the hip, or one organ, as the lung.
9. That pus may be poured out into the joints, serous cavities, or cellular structure, without any appearance of surrounding inflammation.
10. That, at the very onset of the attack, the free application of the actual cautery holds out a fair probability of checking the disease; but, when once formed, free and deep incisions are the only treatment on which any reliance can be placed.

[1] Dublin Journal, Jan. 1840; and Br. and For. Med. Rev. 1840, p. 578.